

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES**

In re: Robin Shinn

Petition No. 2000-1003-011-038

REINSTATEMENT CONSENT ORDER

WHEREAS, Robin Shinn of New Haven, Connecticut (hereinafter "respondent") has been issued license number 024620 to practice as a licensed practical nurse by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent's license expired on July 31, 1994, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. Between 1994 and 1999, respondent abused or excessively used drugs.
2. Between 1994 and 1999, respondent was arrested and pled guilty to multiple criminal charges, including possession of narcotics, failure to appear and illegal possession of a controlled substance.
3. That the conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-17 and 20-99 of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. She waives her right to a hearing on the merits of this matter.
2. That subject to the completion of all the requirements for reinstatement of licensure as set forth in Sections 19a-14-1 through 19a-14-5 inclusive, Regulations, Connecticut State Agencies, and upon execution of this Reinstatement Consent Order by all parties, respondent shall be issued a restricted license, as defined hereinafter, to practice as a licensed practical nurse, subject to the following terms and conditions:
 - A. The restricted license will be a time-limited and practice-limited license which shall become void on November 24, 2001, unless rescinded earlier pursuant to a determination by the Department that a violation of this Reinstatement Consent Order has occurred. The restricted license will be used by the respondent for the sole purpose of participating in and successfully completing the L.P.N. refresher course in the Adult Education Department of the W.F. Kaynor Vocational Technical School in Waterbury, Connecticut (hereinafter "the nursing refresher course").
 - B. As part of the nursing refresher course, respondent shall complete forty (40) hours of one-on-one supervised medication administration.
 - C. Respondent shall provide a copy of this Reinstatement Consent Order to the Director of Nursing for the facility at which she is participating in the nursing refresher course, and said Director of Nursing shall furnish the Department with confirmation that he or she received the same within ten (10) days of the effective date of this Reinstatement Consent Order.

- D. Respondent shall be responsible for the provision of written reports every other week directly to the Department from the aforementioned Director of Nursing. Such reports shall include documentation of respondent's ability to safely and competently practice nursing, and shall be issued to the Department at the address cited in paragraph 2K below.
- E. Respondent shall not administer, count, or have access to narcotics or other controlled substances, or have responsibility for such activities during the nursing refresher course referenced above, unless she is directly supervised by a licensed registered nurse or other licensed health care professional authorized to administer narcotics or other controlled substances.
- F. Respondent shall be responsible for providing written documentation of successful completion of the nursing refresher course from the Director of Nursing at such school to the Department at the address set forth in paragraph 2K on or before December 8, 2001. If respondent does not successfully complete the nursing refresher in the time period set forth above, she will not be issued a full and unrestricted license.
- G. Respondent shall participate in regularly scheduled therapy at her own expense with a Connecticut licensed or certified therapist (hereinafter "therapist") pre-approved by the Department.
 - (1) Respondent shall provide a copy of this Reinstatement Consent Order to her therapist.
 - (2) Respondent's therapist shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Reinstatement

Consent Order within fifteen (15) days of the effective date of this Reinstatement Consent Order.

- (3) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy is warranted, or that respondent should be transferred to another therapist, he or she shall advise the Department and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions and/or respondent's transfer to another therapist.
- (4) Respondent shall be responsible for the provision of monthly written reports from her therapist directly to the Department. Such reports shall address, but not necessarily be limited to, the dates of treatment and respondent's ability to practice nursing safely and competently in an alcohol and substance free state.
- (5) The therapist shall immediately notify the Department in writing if the therapist believes respondent's continued practice poses a danger to the public, or if respondent discontinues therapy and/or terminates his or her services.

H. Respondent shall refrain from the ingestion of alcohol in any form and the ingestion, inhalation, injection or other use of any controlled substances and/or legend drug unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications. In the event a medical condition arises requiring treatment utilizing controlled substances, legend drugs, or alcohol in any form, respondent shall notify the Department and, upon request, provide such written documentation of the treatment as is deemed necessary by the Department.

- (1) At her own expense, respondent shall submit to one (1) observed random urine screen per week for alcohol, controlled substances and legend drugs at a testing

facility approved by the Department. Respondent shall submit to said screens on a more frequent basis if requested to do so by the therapist or Department.

Respondent shall be responsible for the provision of laboratory reports of all random alcohol and drug screens to be submitted directly to the Department by the testing facility. All such random screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening process. All laboratory reports shall indicate that the chain of custody procedure has been followed.

- (2) Respondent shall be responsible for notifying the testing facility, her therapist, and the Department of any drug(s) she is taking.
- (3) All screens shall be negative for alcohol, controlled substances and legend drugs, except for medications prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications. If respondent has a positive urine screen, the testing facility shall immediately notify the Department. All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.
- (4) Respondent understands and agrees that if she fails to submit to a urine sample when requested by her monitor, such missed screen shall be deemed a positive screen.
- (5) Respondent is hereby advised that the ingestion of poppy seeds and mouthwash has, from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances or mouthwash during the term

of this Reinstatement Consent Order. In the event respondent has a positive screen for morphine, opiates and/or alcohol, respondent agrees that the ingestion of poppy seeds or mouthwash shall not constitute a defense to such a screen.

- I. Respondent shall attend "anonymous" or support group meetings on an average of eight (8) times per month, and provide monthly reports to the Department concerning her record of attendance. Said reports shall be issued to the Department at the address cited in paragraph 2K below.
- J. Respondent shall report to the Department any subsequent arrests. Such report shall occur within fifteen (15) days of such event.
- K. All correspondence and reports shall be addressed to:

Jan Cordero, Licensing Examination Assistant
Department of Public Health
410 Capitol Avenue, MS#12APP
P.O. Box 340308
Hartford, CT 06134-0308

- 3. That in the event respondent complies with all of the terms and conditions set forth in paragraphs 1 through 2K above, and satisfactorily completes the nursing refresher course, the Department shall issue respondent a license that is not time-restricted or practice-restricted; however, such license shall be on probation for a period of three (3) years from the date of issuance. During the term of probation, respondent shall continue to comply with the terms of paragraphs 2G,H,I and J, as modified below, as well as the following terms and conditions:
 - A. During the first year of probation, respondent shall submit to random, observed urine screens, as further described in paragraph H(1), once every week; during the second and third years of probation, she shall submit to such screens twice every month.

Respondent shall submit to said screens on a more frequent basis if requested to do so by the therapist or the Department.

- B. Respondent shall provide a copy of this Reinstatement Consent Order to her nursing supervisor (e.g. Director of Nursing) at each facility where she is employed during the term of probation, and her supervisor shall furnish the Department with confirmation that he or she has received the same within fifteen (15) days of the date respondent begins employment.
- C. Respondent shall be responsible for the provision of written reports directly to the Department from her nursing supervisor; monthly for the first six months of probation; and quarterly for the remainder of probationary period. Such reports shall include documentation of respondent's ability to safely and competently practice nursing, and shall be issued to the Department at the address listed in paragraph 3E below.
- D. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
- E. All correspondence and reports during the term of probation shall be addressed to:

Bonnie Pinkerton, Nurse Consultant
Department of Public Health
410 Capitol Avenue, MS#12HSR
P.O. Box 340308
Hartford, CT 06134-0308
- F. Respondent shall not administer, count or have access to narcotics or other controlled substances or have responsibility for such activities in the course of her nursing duties for the first year of probation.

- G. During the entire term of probation, respondent shall not accept employment as a nurse for a personnel provider service, visiting nurse agency, home health care agency or assisted living services agency, and shall not be self-employed as a nurse.
- H. That in the event that respondent is unemployed as a nurse in the State of Connecticut for a period of thirty (30) consecutive days or longer, or is employed as a nurse less than twenty (20) hours per week, respondent shall so notify the Department in writing. Such periods shall not be counted in reducing the probation period covered by this Reinstatement Consent Order.
4. Respondent shall notify the Department in writing of any change in her home address and/or any change in employment within fifteen (15) days of such change.
5. That any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
6. Respondent shall comply with all federal and state statutes and regulations applicable to her license.
7. Legal notice by the Department shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health Systems Regulation of the Department.
8. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Board of Examiners for Nursing in which her compliance with this Reinstatement Consent Order is at issue, or her compliance with §20-99 of the General Statutes of Connecticut, as amended, is at issue.

9. In the event respondent violates a term of this Reinstatement Consent Order, respondent agrees to immediately refrain from practicing as a licensed practical nurse, upon request by the Department, for a period not to exceed forty-five (45) days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said forty-five (45) day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that her failure to cooperate with the Department's investigation shall constitute an admission that her conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c).
10. That, in the event respondent violates any term of this Reinstatement Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of her license before the Board of Examiners for Nursing.
11. This Reinstatement Consent Order and the terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the Connecticut General Statutes provided that this stipulation shall not deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.

12. This Reinstatement Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
13. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
14. Respondent has the right to consult with an attorney prior to signing this document.
15. This Reinstatement Consent Order is a matter of public record.

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I, Robin Shinn, have read the above Reinstatement Consent Order, and I agree to the terms set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.




Robin Shinn

Subscribed and sworn to before me this 18th day of October, 2001.



Notary Public or person authorized
by law to administer an oath or
affirmation

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 18th day of October, 2001, it hereby ordered and accepted.



Debra J. Turcotte, Director
Division of Health Systems Regulation